FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V20716** **(9)**

1. Corporation Name

TREDWELL BUILDING CORP.

Principal Place of Business	Mailing Address
399 W. CAMINO GARDENS BLVD. #300 BOCA RATON FL 33432	399 W. CAMINO GARDENS BLVD. #300 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1992
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business
21 9273 S.W. 8th Street
22 Suite, Apt. #, etc. #202
23 City & State: Boca Raton, FL
24 Zip: 33428
25 Country: USA

2a. Mailing Address
26 9273 S.W. 8th Street
27 Suite, Apt. #, etc. #202
28 City & State: Boca Raton, FL
29 Zip: 33428
30 Country: USA

4. FEI Number: 65-0324120 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUZIM, RONALD A
9345 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/T/D	☒ Change ☐ Addition
NAME	VIGLIAROLO, JOSEPH	12 NAME	VIGLIAROLO, JOSEPH	
STREET ADDRESS	399 W. CAMINO GARDENS BLVD., #300	13 STREET ADDRESS	9273 S.W. 8th Street, #202	
CITY-ST-ZIP	BOCA RATON FL 33432	14 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, JOEL WILLIAM	22 NAME	DELETE ENTIRELY	
STREET ADDRESS	399 W. CAMINO GARDENS BLVD., #300	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, JOEL WILLIAM	32 NAME	DELETE ENTIRELY	
STREET ADDRESS	399 W. CAMINO GARDENS BLVD., #300	33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Vigliarolo Pres. 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

0259514 CP